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State File No.98, Gila Co.

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made
by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Globe County Gila No. Pinal St.SEX OF CHILD* Twin
Male Triplet
or other? and Number
in order
of birthDATE OF BIRTH* March 23 1912
(Month) (Day) (Year)FULL NAME FATHER
Henry John CarlsFULL MAIDEN NAME MOTHER
Hattie BaehrI HEREBY CERTIFY that the child described herein
has been namedJohn Max Carls
(Give name in full) (Surname)Hattie Baehr Carls
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
5M 5/29/41

132-323-829

John Max Carls.

MARGIN RESERVED FOR BINDING

USE PERMANENT INK